

**STATE TRAUMA ADVISORY BOARD  
MINUTES  
January 19, 2006  
150 North 18<sup>th</sup> Avenue, Conference Room 540-A**

**Members Present:**

Stuart Alt	Anslem Roanhorse
Dennis Shelby	Mark Venuti
Roy Ryals	Philip Johnson
Stewart Hamilton	Rich Thacher
Debbie Johnston	Scott Petersen
Bill Ashland	Ritch Steven
Jeff Farkas	Charles Frank Allen
John Porter	Michele Ziemba

**Members Absent:**

Ben Bobrow (Chairman)  
Robert Galey  
Jim Flaherty  
David Leinenveber

**I. CALL TO ORDER**

Scott Petersen, Vice Chair, called the regular meeting of the State Trauma Advisory Board to order at 9:05a.m. A quorum was present.

**II. DISCUSSION and Action on November 3, 2005 Minutes**

A motion was made by Stewart Hamilton and seconded by Mark Venuti to approve the minutes of November 3, 2005. **Motion carried.**

**III. REPORTS:**

**A. Report from the Office of the Director**

**1. Discussion on Status of Bureau of Emergency Medical Services, Public Health Preparedness Services, Division of Public Health Services, and Department of Health Services**

- Niki O’Keeffe, Assistant Director, reported the following:
  - Gene Wikle, Bureau Chief, has resigned his position as Bureau Chief
    - Introduced Will Humble, Deputy Assistant Director, Public Health Preparedness to the Board
    - The Bureau will report directly to Will until a new Bureau Chief is hired
  - The department presented their budget to the Joint Legislative Budget Committee
  - There were no issues that involved BEMS at this point

**B. Chairman’s Report**

**1. Introduction of new STAB Membership**

- Scott Petersen, Vice Chair, introduced two members to the Board:
  - Michelle Ziemba, Representative from Local Regional Emergency Medical Services Coordinating Councils – Southeastern Region

- Dennis Shelby, Representative from Statewide Rehabilitation Facility
- There are currently no vacancies on STAB.
- Five member's terms are expiring at the end of January. Those members are:
  - Stewart Hamilton
  - Jeff Farkas
  - Debbie Johnston
  - Stuart Alt
  - Mark Venuti
  - The Bureau has received word from four of the members that they would like to be reappointed to STAB.
- Vicki Conditt, Trauma Section Chief, presented certificates for trauma designation to:
  - Banner Samaritan Medical Center, Level One
  - Flagstaff Medical Center, Level One
  - Maricopa Medical Center, Level One
  - University Medical Center, Level One
- All seven health care institutions have applied for designation and have been designated by the deadline as required under the grace period

## 2. **Introductions**

- Vicki Conditt introduced Valerie Hill, Trauma Surveyor for the Bureau. Valerie will be surveying Level IV Trauma Centers.
- Anslem Roanhorse introduced Dr. Taylor McKenzie, Medical Officer of the Navajo Nation

## C. **Public Health Statistics**

### 1. **Trauma Registry Report**

- Anita Ray, Trauma Registry Manager, provided a Trauma Registry progress report regarding Phases I and II of the Trauma Data Standardization Project, data reporting, and other trauma registry projects (see attached 1/18/06 Memorandum).
- Ms. Ray stated that Flagstaff Medical Center will continue using Collector software because the software is working very well for them.

## IV. **ARIZONA DEPARTMENT OF HEALTH SERVICES ITEMS**

### A. **Discussion on 2005 STAB Annual Report**

- The 2005 STAB Annual Report was submitted to the Director
  - The report is culmination of what has happened in 2005
  - The 2005 Annual Report does not include data
  - We are hopeful that next year's report will include data
  - Dr. Petersen recommended that BEMS distribute data on disk

to the Board when available.

**B. Discussion on Status of Trauma Center Designation**

- The seven self-designated Level I trauma centers applied for and received state designation on schedule. St. Joseph's Hospital and Medical Center is the only trauma center with ACS Verification.
- Health care institutions seeking Level IV trauma center designation will receive an on-site survey by the Department and not by the American College of Surgeons (ACS).

**C. Discussion on 2005 Statewide EMS & Trauma System Assessment**

- The majority of assessments have been distributed to EMS providers in the state through the EMS regional councils.
- This is the first comprehensive EMS & trauma system assessment developed in some time, if at all, and includes a quality assurance process to ensure the assessments are completed properly
- A question arose as to whether the individual provider responses to assessment questions were considered public information. BEMS submitted the question to the Attorney General's Office for analysis, and a response is forthcoming.
- The deadline for returning completed assessments to BEMS is March 1, 2006, but may be extended. BEMS staff will compile and analyze the data
- A question was asked if the assessments have gone out to the Indian tribes and power plants that have ambulances. It was stated that if the EMT or paramedic is employed at any of these agencies then they should receive a copy of the assessment
- A question was asked if the military bases are included in the assessment. It was noted that Luke's military facility no longer receives patients. Military facilities are not eligible for preparedness dollars and are separately funded by the Department of Defense
- A question was asked if the assessment includes a glossary. It was stated that providers can seek clarification by making notes in the comment sections throughout the assessment. The assessment's instruction sheet directs individuals to a Bureau Regional Liaison for questions.

**D. Follow-up question raised pertaining to Open Meeting Laws and applicability to Regional Council meetings**

- Allison Kern, Assistant Attorney General addressed the Board regarding the open meeting laws and the Regional Councils:
  - After reviewing the Bylaws of the Regional Councils it was determined that they are not considered a public body or an institution of the state or a political subdivision so therefore the Open Meeting Laws do not apply to them.

**E. Discussion and Action on STAB Bylaws – Quorum**

- A motion was by made by Stewart Hamilton and seconded by Stuart Alt to accept the Bylaws with the changes indicated. The motion was withdrawn because the required 10 day notice per the Bylaws was not provided to the Board members.

**Item:** Discussion and Action on STAB Bylaw changes  
**Follow Up:** STAB Meeting  
**When:** April 20, 2006  
**Who:** Vicki Conditt

**V. OLD BUSINESS:**

**A. Discussion and Action on Revision of Substantive Policy Statements and Need to Promulgate Rulemaking**

- 1. The Trauma Registry and Its Reports**
- 2. Registry Reports Discussion**
- 3. Format for Submission of Trauma Registry Data**

- A motion was made by Roy Ryals and seconded by Stuart Alt to forward these documents to the AZQT Committee to be rewritten and then present to STAB for final approval. **Motion carried.**

**Item:** Discussion and Action on Revision of Substantive Policy Statements and Need to Promulgate Rulemaking  
**Follow Up:** AZTQ  
**When:** January 19, 2006  
**Who:** Vicki Conditt

**B. Discussion and Action on Distribution of Monies for Facilities Seeking Designation – Mini Grant Process**

- There is an estimated \$180,000 available for distribution, first come, first served, for health care institutions intending to apply for trauma center designation during calendar year 2006 if the institution meets criteria indicated in the mini grant documents. This equates to \$10,000 each to use towards activities necessary to prepare for either an ACS visit (consultation or verification) or an ADHS survey.
- It was recommended that notice of the mini-grant opportunity be sent to all acute care hospitals.
- One of the requirements of the mini-grant is that each health care institution completes the necessary requirements including the specific project information, intent, projected timeframe, and activities to prepare for ACS or ADHS, and a brief summary explaining how the health care institution intends to use these funds.
- A motion was made by Mark Venuti and seconded by Stuart Alt to move forward with the process. **Motion carried.**

- It was recommended that the three Indian Health Services offices (Tucson, Phoenix, and the Navajo Nation) be included as recipients of the mini-grant notification.

**C. Discussion and Action on Level IV Trauma Center Trauma Data Submission – Trauma One Software vs. other reporting methods and criteria for reporting method**

- Discussion ensued regarding the manner in which Level IV Trauma Centers submit data to the state registry
- Georgia Yee stated that the Cancer Registry uses an alternative method for data collection from the smaller health care institutions
- It was recommended that the data elements either be entered in an Excel spreadsheet or provided to Anita Ray for data entry into the state registry
- Using a reduced set of data elements
- A motion was made by Stuart Alt and seconded by Dennis Shelby to allow the Department and the Bureau of Public Health Statistics to determine the best reporting method of trauma data for Level IV Trauma Centers. **Motion carried.**

**VI. NEW BUSINESS:**

**A. Discussion and Action on EMS and Trauma System Plan:**

**1. 2002 – 2005 Plan – Review Objectives**

- David Harden reported that this is the same document presented for discussion and action at the November 3, 2005, STAB Meeting
- Vicki Conditt and David Harden reviewed the individual goals, objectives, and tactics for each major component
- David Harden asked the Board Members for their individual comments, questions, suggestions, or changes concerning the status determinations made to the goals, objectives, and tactics.
- A question was asked if the goals and objectives that were not achieved for the 2002-2005 Plan would be incorporated into the 2006-2010 EMS & Trauma System Plan. If they coincide with the HRSA Model Trauma System Planning and Evaluation document, and assuming there aren't significant barriers, such as the lack of statutory authority, they can be included.
- A motion was made by Mark Venuti and seconded by John Porter to approve this Matrix as presented to reflect the status of the Goals and Objectives from the 2002-2005 EMS and Trauma System Plan.
- A friendly amendment to the Matrix was recommended by Stewart Hamilton to include a legend to clarify the meaning of some of the notations. **Motion carried.**

**B. Discussion and Action on 2006- 2010 EMS & Trauma System Plan (“Plan”)**

**1. Assessment of Plan Integrating National Association of State EMS Officials (NASEMSO) Model Trauma System Planning & Evaluation Components**

- The NASEMO held a meeting in December 2005 to review and revise the Model Trauma System Planning & Evaluation document prepared by HRSA, and that NASEMSO is now the lead agency responsible for finalizing and disseminating the document.
- The Model Trauma System Planning & Evaluation documents applies the Public Health Model to trauma systems, based on the concept that “injury as a disease can be prevented or its negative impacts decreased, or both, by primary, secondary, or tertiary prevention efforts.”
- The Model Trauma System Planning & Evaluation document places the 10 essential services of public health into the three core public health functions: Assessment, Policy Development, and Assurance.
- The 2006-2010 EMS & Trauma System Plan will follow the Model Trauma System Planning & Evaluation document. The Plan will also contain 11 elements based upon the NHTSA components of an organized EMS System.
- This document is an assessment tool and will come back to STAB to discuss scores and final approval
- Marcia Barry requested that this document be e-mailed to the Regional Councils.
- A motion was made by Stuart Alt and seconded by Mark Venuti to approve the use of this template, which includes the new model in the national framework and assessment through 2010. **Motion carried.**

**VII. CALL TO THE PUBLIC**

- Andy Aldridge from Flagstaff asked the Board if anyone was aware of an issue concerning drug and/or alcohol screenings directly related to trauma patients and physicians being paid by insurance companies. He asked if emergency physicians have discontinued the practice of ordering drug and alcohol screenings because of non-payment reimbursement by insurance companies.
- Scott Peterson stated that there is a new ACS optimal resources document that is going to require not only making an assessment of the individual's substance abuse at the time of injury but also a requirement to include in the assessment a plan for intervention. It will be a future requirement for ACS verification of trauma centers.

**VIII. SUMMARY OF CURRENT EVENTS**

**IX. NEXT MEETING**

The next STAB meeting will be held on April 20, 2006.

**X. ADJOURNMENT**

The meeting adjourned at 10:35 p.m.

Approved by: State Trauma Advisory Board

Date: April 20, 2006